

rec'd for 6/9/09 J. Bagato

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3867AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2009
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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 ARCADE AVE RENO, NV 89503
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Y 000 Initial Comments

The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.

This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/29/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A.

The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.

The following deficiencies were identified:

Y 895 449.2744(1)(b)(1) Medication / MAR
SS=D

NAC 449.2744
1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:
(b) A record of the medication administered to each resident. The record must include:
(1) The type of medication administered.

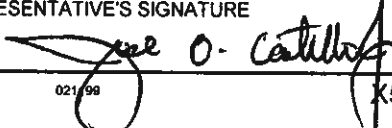
Y 000

Y 895

CARE GIVERS IN OUR FACILITY ARE CERTIFIED IN MEDICATION. AND ITS ALWAYS BEEN OUR PRACTICE TO FOLLOW DOCTORS ORDER AS FAR AS MEDICATION MANAGEMENT BUT THIS WAS OVERLOOKED BUT THE MEDICATION CHANGING HAS BEEN GIVEN IN A REGULAR BASIS

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BUREAU OF LICENSURE AND CERTIFICATION
CARSON CITY, NEVADA

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CADMINISTRATOR	(X6) DATE 06/01/09
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Y 895	Continued From Page 1 This RULE: is not met as evidenced by: Based on record review on 5/29/09, the facility failed to ensure one type of medication administered to 1 of 6 residents was documented on the March, April and May 2009 medication administration records (Resident #4 - Flonase). Severity: 2 Scope: 1	Y 895	THE MEDICATION FLONASE HAS BEEN REGULARLY GIVEN TO THE RESIDENT #4 BY THE SAME CAREGIVER BUT FAILED TO RECORD THIS THINKING ITS ONLY A SPRAY. ADMN. WILL MAKE SURE TO DOUBLE CHECK THE MAR. MORE FREQUENTLY TO AVOID THIS INCIDENT TO HAPPEN AGAIN.	06/01/09
Y 896 SS=D	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This RULE: is not met as evidenced by: Based on record review on 5/29/09, the facility failed to document the date and time one medication was given to 1 of 6 residents on the March, April and May 2009 medication administration records (Resident #4 - Flonase). Severity: 2 Scope: 1	Y 896	THE M.A.R. FOR RESIDENT NO. 4 WAS CORRECTED AND ADDED FLONASE SINCE IT WAS STARTED ATTACHED IS THE M.A.R. THAT WAS MODIFIED. ADMINISTRATOR WILL MAKE SURE TO CHECK THE M.A.R. AND THE MEDICATION ALL THE TIME AND THE INSTRUCTION AS WELL.	06/01/09
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR	Y 898		

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Y 898	<p>Continued From Page 2</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This RULE: is not met as evidenced by:</p> <p>Based on record review on 5/29/09, the facility failed to ensure the instructions for administering one medication was on the March, April and May 2009 medication administration records for 1 of 6 residents (Resident #4 - Flonase).</p> <p>Severity: 2 Scope: 1</p>	Y 898	<p>THIS PRACTICE OF RECORDING AND FOLLOWING THE INSTRUCTION HAS BEEN DONE SINCE THE START OF THE OPERATION THIS WAS JUST OVERLOOKED BUT, THE MEDICATION HAS NOT BEEN MISSED GIVEN TO THE RESIDENT #4 IT WAS NOT ONLY RECORDED.</p> <p>ATTACHED IS THE M.A.R. THAT INCLUDED FLONASE AND FROM NOW ON WE WILL CONTINUOUSLY MONITOR THE FLOW OF MEDICATION AND CHECK THIS ALL THE TIME TO AVOID THIS FROM HAPPENING AGAIN</p>	<p>06.1.09</p> <p>06.1.09</p>

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.